IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 066567 Zoning Permit: X Improvements Permit: 1

Name: STUMPY CREEK LLC Address: 614 N MAIN STREET

City: SALISBYRY State: NC Zip: 281440000

Phone: 7046636124

Proposed Use: 01

PIN #: 4638 77 1716 Zoning: RA Township: 17

Street Address:

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: HARBOR VW SEVIIILot #: 11 Lot Size: .62

Has Property been recorded? N Community Water? Sewer?

Provider:

Watershed: WS IV CA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F-35 R-35 S-15

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT NOT RECORD

Location: PERTH ROAD SOUTH TR TANGER 4TH ON RT

Staff: DDO Date: 04/24/97

Fees: Zoning: $ 15.00 Health: $ 75.00

Signature of Applicant: _____
Owner: Agent:

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Stumpy Creek LLC	633-6124	614 N. Main	Salisbury	NC	28144
StumpyCreek LLC		614 N. Main	Salisbury	NC	28144
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	~~(Proposed)~~ ~~Block~~/Section #	State Road #
Harbor View	11	8	

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Water System	4/15/96	

Specific Directions to Property West on Hwy 150, Cross I-77, Go 3 miles, Right on Perth Church Road, Go 3/4 miles, left on Tanager lane

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 2 1/2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

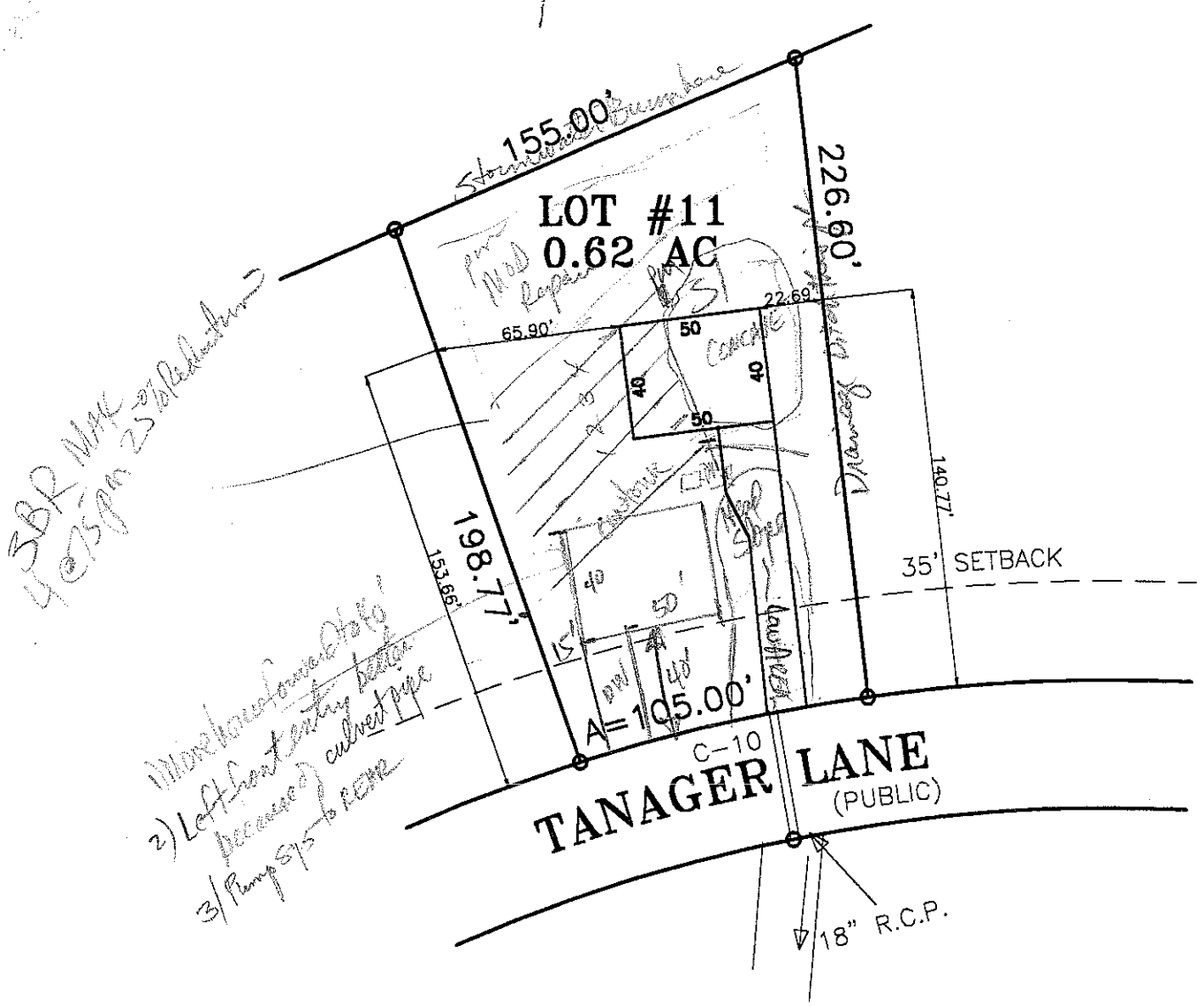
Crawl Space _____ Concrete Slab ✓ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

_____ DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT



"HARBOR VIEW"

TANAGER LANE
LOT #11

DAVIDSON TOWNSHIP **IREDELL COUNTY, N.C.**
JANUARY 09, 1998 **SCALE: 1"= 60'**